PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 29, 1999							09/648557					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE				THAN ENTITY	
FOR		NUME	NUMBER FILED		NUMBER EXTRA		Ε	FEE	7	RATE	FEE	
BA	SIC FEE	. स्वर्केट स्वर्केट			200			345.00	OR	\$300 PM		
TC	TAL CLAIMS	3	> minus	20= 10		X\$ 9			OR		180.00	
INC	DEPENDENT CI	LAIMS	minus	3 = •.		X39	=,		OR	X78=	100,63	
MULTIPLE DEPENDENT CLAIM PRESENT)=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							AL.		OR		870,00	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY					THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	30	= 5	X\$ 9	=		OR	X\$18=	90	
	Independent	NTATION OF A	Minus	PENDENT CLAIM	-	X39:	=		OR	X78=		
<u> </u>			OLIN CE DEI	ENDENT CEAR	<u> </u>	+130	=		OR	+260=		
						TO ADDIT. F			OR	TOTAL ADDIT. FEE	90	
5-21-07 (Column 1) (Column 2) (Column 3)										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 23	Minus	<u>~ 35</u>	= _	X\$ 9	=		OR	X\$18=	·	
	Independent	NTATION OF A	Minus	PENDENT CLAIM	=	X39=	=		OR	X78=		
			ioein ee bei	CIVIDANI OLANA		+130			ÓR	+260=		
						TOT ADDIT, F				TOTAL ADDIT, FEE)	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••	=	X\$ 9	-		OR	X\$18=		
	Independent	·	Minus	***	=	X39=	1		OR	X78=		
	rinoi PRESE	INTATION OF N	OLITE DEF	PENDENT CLAIM		+130=	_		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***TOTAL ADDIT. FEE ADDIT. FEE												

FORM PTO-875

(Rev. 12/99)